

# **The Impact of Trauma History on Acute Treatment Outcomes in Pediatric Major Depressive Disorder**

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The impact of childhood trauma on depression in youth was examined through a secondary analysis of pooled data from three studies of Major Depressive Disorder (MDD) in youth. A total of 292 children and adolescents ages 7 to 18 (53% male, 70% Caucasian, mean age = 12.83), received open treatment with fluoxetine for a period of 6 to 12 weeks. Youth were separated into three trauma history groups: no trauma, trauma—no abuse, and abuse. Associations between trauma history and demographic and clinical characteristics of depression were examined. The effects of trauma and abuse history on depression severity and remission rates following acute treatment with fluoxetine were explored using depression severity scores from the Children's Depressive Rating Scale-Revised (CDRS-R) and remission status, defined as a score of  $\leq 28$  on CDRS-R and a Clinical Global Impressions (CGI) Improvement score of 1 or 2. Abuse history was associated with older age, older age of depression onset, longer length of illness, and suicidal ideation and behavior at baseline. Abuse history was also associated with some differences in initial depressive symptom profiles among children. The hypothesis that youth with a history of abuse would demonstrate lower remission rates at the end of acute treatment was partially supported. Odds ratios indicated that youth without a history of abuse were twice as likely to have remitted at the end of acute treatment when compared to those with no abuse history. This finding did not remain significant after controlling for the effects of age and family history of depression. No differences were found in depression severity across the acute phase of treatment based on trauma history. Additionally, trauma history was not associated with a difference in youth's time to achieve remission. Results should be considered in context of small sample sizes and limited assessment of trauma in the current study. These results suggest the importance of thoroughly assessing for trauma history, especially abuse, and considering the impact of these events on youth's depressive presentation and treatment needs.